

“OPENORDER” VENDOR CODE ENCUMBRANCE REQUEST FOR APPROVAL

Requests must be sent to the Office of the Comptroller, ATTN: Procurement Unit, One Ashburton Place, Boston, MA 02108

REMINDERS:

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- ◆ This form must be signed by an authorized signatory of the Department, and **must** be attached to all “OPENORDER” vendor code encumbrances.
- ◆ The use of an “OPENORDER” vendor code encumbrance is **not** considered a procurement method. “OPENORDER” is a vendor code that allows payment to multiple contractors once an appropriate procurement has been completed. It is only an accounting treatment and does not take the place of a procurement method. Evidence of appropriate procurement must be in the Department’s Procurement File (see Commonwealth of Massachusetts Expenditure Classification Handbook for applicable regulation for object code).
- ◆ The Department **must** sign a contract or the appropriate Agreement Type as outlined in the Commonwealth of Massachusetts Expenditure Classification Handbook with every Contractor before performance begins and before payment is made against an “OPENORDER” vendor code encumbrance transaction.
- ◆ Departments must fully complete items A through G below to establish or modify an “OPENORDER” vendor code encumbrance.

A.
 DEPARTMENT: _____
 Mailing Address: _____

 Contact Person: _____ Telephone Number _____
 E-Mail _____ Fax _____

New “OPENORDER” vendor code encumbrance or modification to an existing encumbrance is being requested for the transaction listed below:

B.			
TRANS TYPE:	DEPT.	ORG:	7 DIGIT ID NO.

C.
 OBJECT CODE: _____
 INITIAL AMOUNT: \$ _____
 INITIAL TOTAL CONTRACT DATES: START: _____ TERMINATION: _____
 CHANGE REQUEST AMOUNT: \$ _____
(PLEASE INDICATE INCREASE OR DECREASE)
 TOTAL REQUEST AMOUNT: \$ _____
(Request Amount plus Change Request Amount)
 NEW TOTAL CONTRACT DATES: START: _____ TERMINATION: _____
 Estimated number of Contractors per year to be paid from this
 “OPENORDER”: _____
 Estimated average payment per year per Contractor: \$ _____

D.

Justification for 'OPENORDER' including explanation of why a vendor specific vendor code cannot be used and description of service to be provided:

(Attach additional pages as needed)

E.

A brief explanation as to why a Departmental Master Service Agreement (MSA) or Statewide Contract cannot be utilized:

(Attach additional pages as needed)

F.

Type of Contract being executed with each contractor (check one only)

Standard Contract Form and Instructions*

Other (A sample copy **must** be attached – May only use if above form does not apply)*

* Commonwealth Terms and Conditions or Commonwealth Terms and Conditions for Human and Social Services, whichever is applicable, must be on file with the Office of the Comptroller to make a contract complete.

G. SIGNATURE

Print Name and Title of Department Authorized Signatory

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Signature of Department Authorized Signatory

Date